

| <b>ORDER FOR SUPPLIES OR SERVICES</b>                                                                                                                                                                                                 |  |                                                       |                                   |                                                                                                                                                      |                                                |                                                                                                                                    |                                             |                                                                                                                                                  |                        | PAGE 1 OF 4                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------|--|
| 1 CONTRACT/PURCH ORDER/ AGREEMENT NO<br>M67854-08-D-8029                                                                                                                                                                              |  |                                                       | 2 DELIVERY ORDER/ CALL NO<br>0004 |                                                                                                                                                      | 3 DATE OF ORDER/CALL (YYYYMMDD)<br>2008 Jul 23 |                                                                                                                                    | 4 REQ / PURCH REQUEST NO<br>M0545008RC60522 |                                                                                                                                                  | 5 PRIORITY             |                                |  |
| 6 ISSUED BY<br>PM TRASYS<br>PROGRAM MANAGER, TRAINING SYSTEMS<br>12350 RESEARCH PARKWAY<br>ORLANDO FL 32826-3275                                                                                                                      |  |                                                       |                                   | 7 ADMINISTERED BY (if other than 6)<br><br><b>SEE ITEM 6</b>                                                                                         |                                                | 8 DELIVERY FOB<br><input checked="" type="checkbox"/> DESTINATION<br><input type="checkbox"/> OTHER<br><br>(See Schedule if other) |                                             |                                                                                                                                                  |                        |                                |  |
| 9 CONTRACTOR<br>TATITLEK SUPPORT SERVICES, INC<br>LAURA LANCASTER<br>3003 MINNESOTA DR STE 204<br>ANCHORAGE ALASKA 99503                                                                                                              |  |                                                       |                                   | FACILITY<br>3SKC7                                                                                                                                    |                                                | 10 DELIVER TO FOB POINT BY (Date)<br>(YYYYMMDD)<br><b>SEE SCHEDULE</b><br>12 DISCOUNT TERMS<br>Net 30 days                         |                                             | 11 MARK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |                        |                                |  |
| 13 MAIL INVOICES TO THE ADDRESS IN BLOCK<br>See Item 15                                                                                                                                                                               |  |                                                       |                                   |                                                                                                                                                      |                                                |                                                                                                                                    |                                             |                                                                                                                                                  |                        |                                |  |
| 14 SHIP TO<br>CESAR GONZALEZ<br>KAREN REAM<br>445 SILVER SHADOW DR.<br>SAN MARCOS CA 92078                                                                                                                                            |  |                                                       |                                   | 15 PAYMENT WILL BE MADE BY<br>DFAS-COLUMBUS CENTER<br>P.O. BOX 369022<br>ATTN: KANSAS - M67443<br>COLUMBUS OH 43236-9022                             |                                                |                                                                                                                                    |                                             | <b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.</b>                                                               |                        |                                |  |
| 16 TYPE OF ORDER                                                                                                                                                                                                                      |  | DELIVERY/ CALL<br><input checked="" type="checkbox"/> |                                   | This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract |                                                |                                                                                                                                    |                                             |                                                                                                                                                  |                        |                                |  |
| PURCHASE                                                                                                                                                                                                                              |  | <input type="checkbox"/>                              |                                   | Reference your quote dated<br>Furnish the following on terms specified herein REF:                                                                   |                                                |                                                                                                                                    |                                             |                                                                                                                                                  |                        |                                |  |
| ACCEPTANCE THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME |  |                                                       |                                   |                                                                                                                                                      |                                                |                                                                                                                                    |                                             |                                                                                                                                                  |                        |                                |  |
| NAME OF CONTRACTOR                                                                                                                                                                                                                    |  |                                                       | SIGNATURE                         |                                                                                                                                                      |                                                | TYPED NAME AND TITLE                                                                                                               |                                             |                                                                                                                                                  | DATE SIGNED (YYYYMMDD) |                                |  |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:                                                                                                              |  |                                                       |                                   |                                                                                                                                                      |                                                |                                                                                                                                    |                                             |                                                                                                                                                  |                        |                                |  |
| 17 ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE<br><br><b>See Schedule</b>                                                                                                                                                            |  |                                                       |                                   |                                                                                                                                                      |                                                |                                                                                                                                    |                                             |                                                                                                                                                  |                        |                                |  |
| 18 ITEM NO                                                                                                                                                                                                                            |  | 19 SCHEDULE OF SUPPLIES/ SERVICES                     |                                   |                                                                                                                                                      | 20 QUANTITY ORDERED/ ACCEPTED*                 |                                                                                                                                    | 21 UNIT                                     | 22 UNIT PRICE                                                                                                                                    |                        | 23 AMOUNT                      |  |
|                                                                                                                                                                                                                                       |  | <b>SEE SCHEDULE</b>                                   |                                   |                                                                                                                                                      |                                                |                                                                                                                                    |                                             |                                                                                                                                                  |                        |                                |  |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.                                                                |  |                                                       |                                   | 24. UNITED STATES OF AMERICA<br>TEL: 407-380-4197<br>EMAIL: john.e.lynch2@usmc.mil<br>BY: John E. Lynch                                              |                                                |                                                                                                                                    |                                             | 25 TOTAL<br>\$7,259,860.00                                                                                                                       |                        | 26 DIFFERENCES                 |  |
| 27a QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED                                            |  |                                                       |                                   |                                                                                                                                                      |                                                |                                                                                                                                    |                                             |                                                                                                                                                  |                        |                                |  |
| b SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                                                                                                                                                                   |  |                                                       |                                   |                                                                                                                                                      |                                                | c DATE (YYYYMMDD)                                                                                                                  |                                             | d PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                                                                 |                        |                                |  |
| e MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                                                                                                                                                             |  |                                                       |                                   |                                                                                                                                                      |                                                | 28 SHIP NO                                                                                                                         |                                             | 29 DO VOUCHER NO                                                                                                                                 |                        | 30 INITIALS                    |  |
| f TELEPHONE NUMBER                                                                                                                                                                                                                    |  |                                                       | g E-MAIL ADDRESS                  |                                                                                                                                                      |                                                | <input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                                                                 |                                             | 32 PAID BY                                                                                                                                       |                        | 33 AMOUNT VERIFIED CORRECT FOR |  |
| 36. I certify this account is correct and proper for payment.                                                                                                                                                                         |  |                                                       |                                   |                                                                                                                                                      |                                                | 31 PAYMENT<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL              |                                             | 34 CHECK NUMBER                                                                                                                                  |                        | 35 BILL OF LADING NO           |  |
| a DATE (YYYYMMDD)                                                                                                                                                                                                                     |  | b SIGNATURE AND TITLE OF CERTIFYING OFFICER           |                                   |                                                                                                                                                      |                                                | 40 TOTAL CONTAINERS                                                                                                                |                                             | 41 S/R ACCOUNT NO                                                                                                                                |                        | 42 S/R VOUCHER NO              |  |
| 37 RECEIVED AT                                                                                                                                                                                                                        |  | 38 RECEIVED BY                                        |                                   | 39 DATE RECEIVED (YYYYMMDD)                                                                                                                          |                                                |                                                                                                                                    |                                             |                                                                                                                                                  |                        |                                |  |

## Section B - Supplies or Services and Prices

| ITEM NO | SUPPLIES/SERVICES                                                                                                                                      | QUANTITY | UNIT | UNIT PRICE   | AMOUNT         |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|--------------|----------------|
| 0003    | ATG Exercises<br>FFP<br>Civilians on the Battlefield Role-Players, Twentynine Palms CA<br>FOB: Destination<br>PURCHASE REQUEST NUMBER: M9545008RC66522 | 20       | Each | \$362,993.00 | \$7,259,860.00 |
| NET AMT |                                                                                                                                                        |          |      |              | \$7,259,860.00 |
| ITEM NO | SUPPLIES/SERVICES                                                                                                                                      | QUANTITY | UNIT | UNIT PRICE   | AMOUNT         |
| 000301  | ACRN AD<br>FFP<br>ACRN AD - PR# M67854-08-RC-SRC51<br>FOB: Destination<br>MILSTRIP: M6785408RCSRC51                                                    |          |      |              | \$0.00         |
| NET AMT |                                                                                                                                                        |          |      |              | \$0.00         |
|         | ACRN AD<br>CIN: 00000000000000000000000000000000                                                                                                       |          |      |              | \$5,787,745.80 |

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|-------------------|----------|------|------------|--------|
| 000302  |                   |          |      |            | \$0.00 |

ACRN AC

FFP

ACRN AC - PR# M67854-08-RC-ACA19

FOB: Destination

MILSTRIP: M6785408RCACA19

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NET AMT

\$0.00

ACRN AC

\$1,410,014.00

CIN: 00000000000000000000000000000000

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|-------------------|----------|------|------------|--------|
| 000303  |                   |          |      |            | \$0.00 |

ACRN AE

FFP

ACRN AE - PR# M67854-08-RC-ACA20

FOB: Destination

MILSTRIP: M6785408RCACA20

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NET AMT

\$0.00

ACRN AE

\$62,100.20

CIN: 00000000000000000000000000000000

Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AC: 178110627M0 250 67854 067443 2D M67854  
COST CODE: 23ACRCACA19  
AMOUNT: \$1,410,014.00  
CIN 000000000000000000000000000000: \$1,410,014.00

AD: 178110627M0 250 67854 067443 2D M67854  
COST CODE: 23SR8RCSRC51  
AMOUNT: \$5,787,745.80  
CIN 000000000000000000000000000000: \$5,787,745.80

AE: 178110627M0 250 67854 067443 2D M67854  
COST CODE: 23AC8RCACA20  
AMOUNT: \$62,100.20  
CIN 000000000000000000000000000000: \$62,100.20